

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 200.00)

Complete If Known		RECEIVED CENTRAL FAX CENTER APR 1 2006
Application Number	10/782,323	
Filing Date	MARCH 3, 2004	
First Named Inventor	LAWRENCE C. LEI	
Examiner Name	SANG YEOP PAIK	
Art Unit	3742	
Attorney Docket No.	APPW/005191.C1(Y1)/ISM/CORE/MCVD/PJS	

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify) : Deposit Account Deposit Account Number: 50-1074/005191.C1(Y1) Deposit Account Name: APPLIED MATERIALS, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$) Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total ClaimsExtra Claims- 20 or HP =X=HP = highest number of total claims paid for, if greater than 20.Fee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)Indep. ClaimsExtra Claims4 - 3(HP) =1 X 200 == 200HP = highest number of independent claims paid for, if greater than 3.Fee (\$)Fee Paid (\$)Fee (\$)Fee Paid (\$)

RECEIVED
CENTRAL FAX CENTER

001/010

APR 17 2006

**PATTERSON &
SHERIDAN, LLP**

ATTORNEYS AT LAW

3040 Post Oak Blvd, Suite 1500
Houston, TX 77056-6582
TEL 713.623.4844
FAX 713.623.4846**FACSIMILE COVER SHEET**

DATE: April 17, 2006

FILE NO: APPM/005191.C1(Y1)/ISM/CORE/MCVD/PJS

TO: MAIL STOP RCE

FAX NO: 571-273-8300

COMPANY: USPTO

FROM: Keith M. Tackett

PAGE(S) with cover: 10

ORIGINAL TO FOLLOW? YES NO

RCE; PRELIMINARY AMENDMENT; PETITION FOR EXTENSION OF TIME AND FEE TRANSMITTAL

TITLE: Apparatus and Method for Vaporizing Solid Precursor for CVD or Atomic Layer Deposition

U.S. SERIAL NO.: 10/792,323

FILING DATE: March 3, 2004

INVENTOR: Lei

EXAMINER: Sang Y. Paik

GROUP ART UNIT: 3742

CONFIRMATION NO.: 9432

CONFIDENTIALITY NOTE

The document accompanying this facsimile transmission contains information from the law firm of Patterson & Sheridan, L.L.P. which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

458431_1